

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08/19/2014

Street: Bloomfield Rd at Cory Ln

Incident #: 14ISPC007020

Apt, Lot, Room #:

County: MONROE

City: BLOOMINGTON

## Type of Laboratory Seizure (check one)

- ☐ Lab Seizure  
☒ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☒ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☒ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Flammable Solvents: bed of truck  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_
- ☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: back of truck  
☐ Corrosive Base: \_\_\_\_\_  
☐ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: unknown  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: Todd Barlow  
VIN: 1GTEC14M3WZ530287  
Year: 1998

Make: GMC  
Model: Sierra  
Color: maroon

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: TWP FD Fax: HAND DELIVERED  
Health Department County: MONROE CO Fax: 812-339-6481  
Department of Child Services Hotline: [dcshotlinereports@dc.in.gov](mailto:dcshotlinereports@dc.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: Justin Butler Phone 812-332-4411

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.